

2012

Plan Review Application for a Mobile Food Service Unit

Operation Information

(Please Print)

❖ Service Request

Operation Name (Doing Business As): _____
 Mobile Unit Operating Location: ☐ Single Site ☐ Multiple Sites/Route (Include all locations with plan submittal.)
 Single Site Address: _____ City: _____ Zip: _____
 Scope (Briefly describe operation/menu style): _____
 Former Name: _____ Unit Type: ☐ Cart ☐ Vehicle ☐ Trailer ☐ Movable Building
 Required Information: WA License Plate # _____ VIN # _____ WA L & I Sticker # _____

❖ Plan Check N.O.S. # 2

Plan Review Submittal Fee (Make checks payable to: "SKCDPH")

- ☐ New Operation (\$804 + \$201/hr after 4 hours) (S602) ☐ Mobile changes (\$402 + \$201/hr after 2 hours) (S611)
☐ Resubmitted Plan (\$201/hr) (S605) ☐ Cost of Service (\$201/hr) (H009)

Ownership Information

❖ Requestor

Are you the new owner? Yes ☐ No ☐
 Name(s): First _____ M.I. _____ Last _____
 Business Name (Corp, LLC, etc): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.'s _____
 Fax (Optional): _____ Email (Optional): _____

Applicant Information (If different from owner)

❖ Plan Check

Contact Person (Applicant or Agent) Name(s): _____
 First _____ M.I. _____ Last _____
 Business Name (Corp, LLC, etc): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.'s _____
 Fax (Optional): _____ Email (Optional): _____

Commissary Information (Separate Commissary Permit is required for all mobiles.) ❖ Property Information

Business Name: _____
 Location/Address: _____ City: _____ State: _____ Zip: _____
 Commissary Owner/Contact Person: _____ Phone _____
 No.: _____ Fax (Optional): _____ Email (Optional): _____
 Sewage: ☐ Sewer ☐ Septic System

Restroom Information (Must provide restroom availability letter for each stop that lasts longer than 1 hour)

❖ SR Info Add Comment Sec.

Business Name: _____
 Location/Address: _____ City: _____ State: _____ Zip: _____
 Business Owner/Contact Person: _____ Phone No.: _____
 Fax (Optional): _____ Email (Optional): _____ Sewage: ☐ Sewer ☐ Septic System

❖ Office Use Only

Date Submitted: _____ Risk Classification: _____ Service Request SR#: _____
 Facility Account FA#: _____ Account Receivable AR#: _____ Invoice IN#: _____
 Variance SR#: _____ Permit Record PR#: _____ DPD/DDES #: _____
 Approval Date: _____ Review Time: _____ Reviewer: _____ Mobile Sticker # _____
 Notes: _____

PLAN REVIEW APPLICATION SUBMITTAL

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